Cross-Party Group on Medicinal Cannabis

Wednesday 27th March 2024 at 6pm

Minute

Present

MSPs

Tess White MSP
Pauline McNeill MSP
Ben Macpherson MSP

Invited guests

Professor Alison Strath
Dr Lucy Troup
Dr Rob Forbes

Non-MSP Group Members

Ronnie Cowan MP
Dr Anna Ross
Professor Jim Mills
Andrew Lundy
David Johnston
Carol Dew
Kyle Esplin
Marc Landers
Lesley-Anne Campbell
Cheryl Davies
Jennifer Forbes
Arif (Surname unknown)
Chris (Surname unknown)

Apologies

Collette Stevenson MSP
Monica Lennon MSP
Oliver Mundell MSP

Agenda item 1

Tess White MSP (TW) welcomed attendees to the meeting, outlined the purpose of the meeting and invited Alison Strath to speak to the Group.

Update from Alison Strath (AS), Chief Pharmaceutical Officer

- Background/outline of role of Chief Pharmaceutical Officer and where it sits within the Chief Medical Officer's Directorate of the Scottish Government
- Overview on current situation relating to cannabis based medicinal products (CBMP's)
- Work closely with colleagues across the UK and the MHRA to explore opportunities around proactively driving clinical trials as a catalyst for licensing and giving confidence to clinicians in prescribing these treatments
- Currently three licensed cannabis based products, two accepted by the SMC
- Looking to UK, Canada, America and other parts of Europe to grow body of evidence and inform the knowledge base in the in the area of cannabis based products.

TW welcomed Ben Macpherson MSP to the meeting as the Group's newest MSP Member.TW also welcomed Ronnie Cowan MP (RC) to the meeting.

Agenda item 2

Presentations

Lucy Troup (LT), Clinical Neuroscientist

- Overview of work being done on pain/chronic pain
- Large body of scientific literature supporting the use of CBMP's for pain:
    - Positive long term effects for pain, pain related symptoms and quality of life
    - Little evidence of increase to other harm related substances
    - Lack of human clinical trials/clinical data
    - Variations in regulatory models across countries potentially clouding evidence
    - Work around cannabis use disorder (CUD) and other health related issues
- Moving forward for Scotland:
    - Existing research based in pre-clinical research
    - Difficulties in conducting clinical trials/significant barriers for scientists
    - Clinical outcome evaluations
- Parallel problem spaces – physical pain vs harm from CBMP's
- Future work

Rob Forbes (RF), Consultant Anaesthetist & Pain Specialist

- Patients reporting significant benefits of using medicinal cannabis for pain
- Barriers to prescribing:
    - Unfamiliar/stigma
    - Lack of Randomised Control Trials (RCT's)
    - Restrictive guidance

    - Fear of adverse effects
- In America, teaching on medicinal cannabis has entered the undergraduate curriculum in approximately half of medical schools
- Evidence of dependence shows rate of addiction is low, far lower than alcohol and other available medicines
- Report for UK Parliament APPG for drug policy reform found good evidence of efficacy for cannabis and pain
- Little evidence of cannabis as a 'gateway drug'

Agenda item 3

Questions

TW thanked the presenters for the interesting contributions and moved to questions:

Anna Ross to AS – how do we get SIGN guidelines for cannabis based medicine for cancer pain and how can we get active engagement in the current development of guidelines i.e. patient involvement.

AS outlines that SIGN considers patient voice and lived experience forms part of guideline development, so there is space to engage in consultation processes. AS working with Healthcare Improvement Scotland's (HIS) evidence based directorate (including SIGN) to potentially review the body of literature/evidence base in this area, which may inform future discussions.

Jim Mills (JM) – could the parallel track system like that which ran in development of antiretroviral's for HIV and AIDS in America in the 1990's be a model to apply to cannabis medicines.

AS highlighted potential discomfort from the NHS clinical community, particularly in the paediatric epilepsy space, for taking on the prescribing responsibility without the evidence base to support it.

LT pointed out that the variations in regulatory model between the US and the UK, along with different models used for cannabis regulation, would make adopting a parallel track system difficult, particularly from an ethics perspective.

RC asked why is the Scottish Medical Consortium (SMC) not licensing products in Scotland. AS noted the SMC does not have a licensing authority, the MHRA is the only licensing body covering the UK.

RF noted that there is precedent for MHRA licensing medications where RCT's have not been carried out. Medicinal cannabis does not lend itself easily to RCT's because of its nature so we need to look to alternatives. Sir Michael Rawlins in 2008 pointed to real world data as a more appropriate way of assessing medications as it is reported by patients for whom the medication would be prescribed.

TW asked AS whether clinical trials/prescription by doctors through the healthcare system is in place in other countries. AS referred to examples given in America,

Canada and some other parts of Europe. There is now the innovative licensing and access pathway introduced by the MHRA but this would require companies to push forward with this approach. AS keen to work with HIS to review the evidence base.

LT highlighted the need for a new set of methods, however emphasised that these methods must be rigorous and based upon science.

Kyle Esplin noted the trial conducted in the UK of medicinal CBD for long covid and the difficulties in recruiting patients to participate.

Arif asked why medical devices can be approved by MHRA when the medicine itself currently is not. AS noted that MHRA have separate processes for licensing medical devices and medicines.

Chris questioned why the NHS could not manufacture medication. AS noted that NHS produces very few medicines, very limited number of NHS manufacturing sites across the UK.

JM noted danger of looking at medicinal cannabis in isolation, moving forward we should be more careful to compare medicinal cannabis with other products which are currently licensed.

Agenda item 4

Summary/AOB

AR provided a brief summary of the discussion. TW thanked the speakers and members for attending and closed the meeting.